Women's Care Specialist, LLC
209 First Executive Ave, St Peters, Mo 63376
226 S. Woods Mill Rd Suite 66 West Chesterfield, Mo 63017
Phone# 636-936-8777 Fax # 636-939-4257

Authorization for Disclosure of Health Information

I hereby authorize Women's Care Specialist to disclose the following information from the health records of:

Patient Name:_____ Date of Birth:_____
Address:_____ Telephone:_____
_____ SSN:_____

Covering the period(s) of healthcare From date(s)_____ To date(s)_____
Information to be disclosed:
____Last two years ___Consultation Report ___Lab Test

___Progress Notes ___Imaging reports
I also understand that these records may contain information pertaining to drug abuse and/or alcoholism, HIV, AIDS, ARC, behavioral heath services and/or psychiatric care that these will be included unless otherwise specified.

This information is to be released to: Name: _____
Address: _____
_____

For the purpose of:

☐Leaving the area ☐ Dissatisfaction with Office, Explain; _____
☐Insurance change: _____
☐Personal use ☐ Other_____

I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization will expire 90 says from the date of authorization.

The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

PROHIBITION OF REDISCLOSURE: This information is being disclosed to you from records whose confidentiality is protected be federal and/or Missouri laws and regulations. You are prohibited from making any further disclosure of this information without the specific written consent of the person to whom the information pertains or as otherwise permitted by such law and regulations.

ALL PATIENT 18 YEARS OR OLDER MUST SIGN THIS FORM BEFORE RECORDS CAN BE RELEASED.

_____ _____
Signature of Patient or Authorized Representative **Date**

_____
Relationship to Patient

RECORDS WILL BE RELEASED FOR THE FEE ALLOWED BY MISSOURI STATE LAW.
THIS FEE IS DUE IN FULL BEFORE RECORDS WILL BE SENT.